STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is prese filing pursuant to the Uniform Commer	ented to a Filing Officer for cial Code.
1. Return copy or recorded original to CITICORP NATIONAL SERVI formerly known as: CITICORP ACCEPTANCE CO. P.O. BOX 790142 ST. LOUIS, MO 63179		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	994-23304
Pre-paid Acct. #	(Last Name First if a Person)	<u> </u> -	
BALLARD, ROBIN K. 918 HWY 331 COLUMBIANA, AL 35051			105 FRUBATE 16.00
Social Security/Tax ID #	NY) (Last Name First if a Person)		SC PROPERTY OF THE PARTY OF THE
BALLARD, MYRA SAME)
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E			
TIME OR POORES PERVI	(Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
CITICORP ACCEPTANCE CO. P.O. BOX 790142 ST. LOUIS, MO 63179 Social Security/Tax iD#	, INC.		
☐ Additional secured parties on attached UCC-E			<u> </u>
5. This statement refers to original Financing S Filed withSHELBY_CO	UNTY	Date Filed1 0./1	
8. Partial or The Secured Party's right und property described in item 11 Assignment, whose name and address ap 9. Amendment Financing statement bearing 10. Partial Secured Party releases the continuous Release number shown above.	ns a security interest under the financing stateme der the financing statement bearing file number s or to all of the property listed on this file, is assig	ent bearing the file number shown above. shown above to the gned to the assignee th in item 11.	6.00
11.			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral a	re also covered.	Clartel	Peach
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if it	em 9 is applicable)	Signature(s) of Secured Party(ies) Signature(s) of Secured Party(ies)	CERVICES INS
Type Name of Individual or Business		CITICORP NATIONAL Type Name of Individual or Business	